

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>4/5</i>
O.I.P.E. CLASSIFIER	<i>WIKON</i>	<i>32</i>	<i>03-16-01</i>
FORMALITY REVIEW	<i>B2</i>	<i>TC3-883</i>	<i>05-17-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
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104-150  
25-7-0